

## *PTO Questionnaire*

Please take a moment to give some feedback that will allow us to better serve you. You may return this to your child's teacher or turn it into the front office. Thank you!

***What*** suggestions do you have for future PTO fundraisers?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***What*** projects would you like to see PTO funds used for when considering school improvements?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***When*** are you available to attend PTO meetings?

Thursdays during AR Nights

Wednesdays after school

**\*\*If those options are not available, please indicate a day and a time that works best for you.\*\***

\_\_\_\_\_

***How*** would you like to contribute to PTO? (ex. donate money, volunteer, contribute event items, etc.)

\_\_\_\_\_

***What*** questions, comments, or suggestions do you have for PTO?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name:(optional) \_\_\_\_\_

Email:(optional) \_\_\_\_\_

***Thank You for Your Input!***